

**Kansas Immunization Program
1000 SW Jackson, Suite 210
Topeka, Kansas 66612-1274**

WASTED VACCINE RETURN FORM

Date _____

Provider Name _____ VFC PIN # _____

NOTE: Please do not return syringes unless they are pre-filled by manufacturer!

Product Name	Lot Number	Expiration Date	# Unusable Doses	*Reason for Return (refer to examples below)

- * (1) Expired
(2) Improper refrigerator/freezer storage
(3) Improper handling during transport
(4) Destruction (must certify occurrence and witnessed)
(5) Other (please describe)

The "Vaccine Return Form" only applies to those vaccines received from the Kansas Immunization Program, not privately purchased vaccine.